Briefing Paper

A National Indigenous Public Health Curriculum Framework

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September 2007

A component of the PHERP Project: Indigenous Public Health Capacity Development

Project Managers

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Project Funder

Public Health Education and Research Program (PHERP)
Australian Government Department of Health and Ageing

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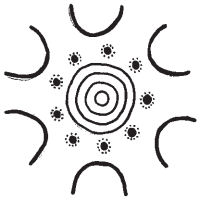

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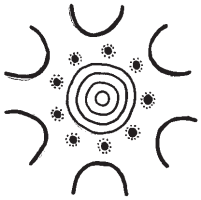

Introduction

This briefing paper provides the rationale, policy context and a proposed structure for a National Indigenous Public Health Curriculum Framework to be used as a guide for the delivery of Indigenous health components in the national Master of Public Health (MPH) program. It provides some key questions and a basis for discussion by participants in the Indigenous stream of the Australian Network of Academic Public Health Institutions (ANAPHI) Teaching and Learning Forum that commences in Alice Springs on 26 September 2007.

Discussion in the Indigenous stream at Alice Springs follows the 2006 National Indigenous Public Health Curriculum Workshop, held in Sydney last September, which identified six core competencies in Indigenous public health that every MPH graduate must attain. (This is currently in the process of endorsement by ANAPHI.) The six core competencies are:

1. Analyse key comparative health indicators for Aboriginal and Torres Strait Islander peoples.
2. Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander peoples.
3. Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes.
4. Critically evaluate Indigenous public health policy or programs.
5. Apply the principles of economic evaluation to Aboriginal and Torres Strait Islander programs with a particular focus on the allocation of resources relative to need.
6. Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.

Potentially, a National Indigenous Public Health Curriculum Framework will provide advice regarding the integration of the six core competencies and outline key curriculum elements that support effective and sustainable teaching and learning about Indigenous health within academic public health programs. Likely content will include:

- a statement of guiding principles;
- characteristics of a supportive institutional context;
- key linkages and partnerships;
- strategies to support curriculum integration;
- core competencies;
- core Indigenous content;
- specialist Indigenous content;
- student recruitment and retention; and
- teaching and learning.

It is envisaged that the document will describe structures and strategies in each of these areas that academic public health departments can adapt to their own departmental context and particular needs.

Comments on this briefing paper are welcome either at the ANAPHI Alice Springs forum or directly to the project coordinators:

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Rationale

The Master of Public Health award is recognised by the health industry generally as the standard training award for licensing health professionals for public health and community health practice. It is widely accepted that this award should provide a generic range of skills and knowledge in key areas of public health. Traditionally, these areas have included:

- public health history, principles and practices;
- epidemiology;
- biostatistics;
- health economics and management;
- environmental health;
- health sociology and health promotion;
- health policy;
- health research methods; and
- specialised study in a specific area of public health practice.

Public health practice is particularly important to Indigenous health. Indigenous Australian models of health encompass health determinants that range beyond specific factors considered within a biomedical model of health. The National Strategic Framework in Aboriginal and Torres Strait Islander Health (NATSIHC 2003) builds on the landmark 1989 National Aboriginal Health Strategy (NAHSWP 1989) and incorporates an Indigenous model of health:

Health to Aboriginal peoples is a matter of determining all aspects of their life, including control over their physical environment, of dignity, of community self-esteem, and of justice. It is not merely a matter of the provision of doctors, hospitals, medicines or the absence of disease and incapacity (NATSIHC 2003:3).

It also has an emphasis on comprehensive primary health care:

International evidence suggests that, as part of a multi-pronged approach, the delivery of comprehensive primary health care for a sustained period of time is essential if Aboriginal and Torres Strait Islander health outcomes are to be improved (NATSIHC 2003:21).

It is public health training that provides an understanding of a range of health models, the theoretical and methodological assumptions that underpin these models, the analytical frameworks with which to examine health determinants, risks, exposures and outcomes, and related policy and practice implications.

Workforce policy

With the continuing disparity in the health status of Indigenous Australians compared to the rest of the population, a key focus of national workforce policy is to build public health capacity to strengthen Indigenous health gain. Objective 3 of the Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (SCATSIH 2002) committed the Commonwealth to:

Address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health.

This strategy focused specifically on building the capacity of public health professionals through Strategy #25:

A review of existing Masters of Public Health (MPH) qualifications to improve the Aboriginal and Torres Strait Islander health content.

Policy responses

In response to the above policy goals, the Australian Government Department of Health and Ageing's Public Health Education and Research Program (PHERP) supported specific workforce development projects in Indigenous public health. The PHERP Innovations project, 'Innovations in the design and delivery of curricula on Indigenous Australian public health for: (i) existing PHERP programs; and, (ii) Indigenous Australian student cohorts' (2003–05), had two key aims:

- to increase the number of Indigenous public health graduates by teaching public health using a community-based pedagogical model; and
- to identify critical gaps and broad level principles for Indigenous health curricula within MPH programs and to respond with innovative curricula.

Key outcomes of this project included:

- Completion of a national MPH audit and review through the 2003 National Indigenous Public Health Curriculum Workshop and dissemination of a national report (Anderson *et al*. 2004).

  The audit investigated MPH programs nationally with regard to:

  - Indigenous content;
  - Indigenous student enrolments and graduations;
  - engagement and development of Indigenous academics; and
  - local partnerships in the delivery of Indigenous health.

  The research found:

  - Only seventeen Indigenous MPH students graduated nationally in the previous five years (1998–2002) within PHERP-funded MPH programs.
  - A concentration of MPH programs with Indigenous health content as a key focus in Queensland and the Northern Territory bearing little relation to the existing distribution of Indigenous populations.
  - Indigenous health subjects were either broad and generic content, or focused on specific diseases or risks with minimal emphasis on social and cultural analysis.
  - Only one national MPH program specifically tailored to Indigenous students being delivered through the Institute of Koorie Education (IKE) at Deakin University (Anderson *et al*. 2004).

On the basis of the national audit and workshop, further key outcomes were:

- A significant increase in the number of Indigenous graduates nationally awarded a Master of Public Health through the use of a unique community-based pedagogical model to an Indigenous student cohort at the Institute of Koorie Education (eleven Indigenous MPH graduates in three years from the IKE program compared admirably with the seventeen Indigenous MPH graduates *nationally* between 1998 and 2002).
- The development of a social science stream in Indigenous public health at The University of Melbourne.

Current initiatives

Subsequent to the PHERP Innovations Project, further PHERP-funded capacity development in Indigenous public health resulted in the 2006 National Indigenous Public Health Curricula Workshop. During the same period, PHERP funded the Australian Network of Academic Public Health Institutions to develop a set of core competencies across the domain of public health.

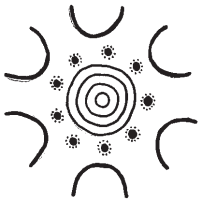
At the 2006 Sydney workshop, more than fifty participants representing the Aboriginal community controlled primary health care service sector in all states and territories, state government service delivery agencies, and state and federal government policy-makers discussed the delivery of Indigenous public health programs. The two key aims of the workshop were:

(i) to review recent developments in Indigenous public health curriculum development nationally so as to inform work in progress on an update of the 2003 audit; and

(ii) to identify a set of core Indigenous public health competencies to integrate with generic core competencies in public health to inform the PHERP Quality Assurance process.

A list of core competencies identified as needed by every MPH graduate emerged from half a dozen small group discussions within the 2006 workshop process. Subsequently, a reference group from the workshop reviewed the analysis of the raw data and produced the six core competencies described in the preceding 'Introduction'. The understandings about Indigenous health that complement these competencies were also identified as outlined further below.

In order for university public health programs both to teach core Indigenous health competencies effectively, and to comply with the Quality Assurance process, it is proposed that a National Indigenous Public Health Curriculum Framework be developed to guide the integration of Indigenous health into the generic public health curriculum. Not only will the framework assist with the development and delivery of the core competencies in Indigenous public health, but also with the teaching of more specialist Indigenous public health content.



What's required in a National Indigenous Public Health Curriculum Framework?

A National Indigenous Public Health Curriculum Framework will potentially provide a set of guidelines for university public health departments that will enable them to review their programs and determine whether the optimal supports are in place to deliver effective Indigenous health components. As such, the framework may need to address the following range of curriculum components.

A clear statement of the purpose of the framework

A statement of purpose could include similar content to the following.

The ANAPHI Quality Assurance process requires all MPH programs to integrate six core Indigenous public health competencies into their curriculum. As indicated above, Indigenous health encompasses several unique features including:

- Indigenous world views and models of health;
- an Indigenous industry sector focused on primary health care service delivery;
- a set of health determinants emerging directly from the experience of colonisation; and
- a health policy context spanning government agencies beyond those devoted specifically to health.

This National Indigenous Public Health Curriculum Framework provides university public health departments with a set of guidelines and strategies about specific approaches to integrate these particular aspects of Indigenous health and to ensure effective and appropriate delivery of Indigenous public health content.

Question: Does this statement of purpose clearly state the central rationale for the development of the curriculum framework?

A clear statement of guiding principles

The former Committee of Deans of Australian Medical Schools (CDAMS) (now known as Medical Deans Australia and New Zealand) developed a national framework to guide the integration of Indigenous health into the medical curriculum. The following set of guiding principles underpins the CDAMS Indigenous Health Curriculum Framework:

- Indigenous Australian diversity;
- Indigenous models of health;
- colonisation, its effects and resultant inequities;
- culturally appropriate health services;
- integration of Indigenous health across the curriculum;
- recognising the potential of Indigenous academics beyond solely a health focus;
- Indigenous sovereignty; and
- a strengths-based approach (Phillips & CDAMS 2004).

Likewise, the National Strategic Framework in Aboriginal and Torres Strait Islander Health (NATSIHC 2003) also articulates a set of core principles underpinning its goals and objectives. They include:

- **cultural respect**—regarding diversity, rights, views, values and expectations;
- **holistic approach**—attending to physical, spiritual, cultural, emotional and social wellbeing, and community capacity and governance;
- **health sector responsibility**—making Indigenous health a high priority across all agencies;
- **community control of primary health care services**—providing support for community decision-making, participation and control;
- **working together**—committing to partnership;
- **localised decision-making**—devolving authority to local Indigenous communities;
- **promoting good health**—engaging with a *comprehensive primary health care approach*;
- **building capacity**—strengthening health services and communities; and
- **accountability**—regarding both government and non-government providers.

A similar set of guiding principles could support the implementation of a National Indigenous Public Health Curriculum Framework.

Question: What are six or seven key principles needed to underpin a National Indigenous Public Health Curriculum Framework

Strategies regarding the pedagogical approach

The proposed Indigenous public health curriculum framework requires guidelines for core and specialist Indigenous public health content, effective teaching and learning processes, and collaborative curriculum development.

Core competencies in Indigenous public health

The six ANAPHI Indigenous public health core competencies derived from the 2006 National Indigenous Public Health Curriculum Workshop describe what is required by *every* Master of Public Health graduate. The integration of these competencies within a broader whole-of-department MPH teaching program will involve examining a matrix of content across the curriculum and identifying where specific Indigenous content belongs and, within existing constraints, how it can best be delivered. Strategically, as a whole-of-organisation initiative this will require leadership from the head of department and integration into formal course strategy, with related benchmarks to monitor performance and to meet quality assurance criteria. Collaboration between Indigenous public health academics, subject coordinators and local Indigenous health organisations are central to the success of the integration process.

A MPH candidate specialising in Indigenous health requires additional competencies (see recommendations regarding specialist content following).

Question: Are there any others areas of critical content related to the core competencies as outlined below?

The core competencies and their suggested content areas are:

1 Analyse key comparative health indicators for Aboriginal and Torres Strait Islander peoples.

Suggested content

Indigenous health status indicators:
- chronic diseases
- childhood diseases
- mental health
- data reliability
- ethics and surveillance

2 Analyse key comparative indicators regarding the social determinants of health for Aboriginal and Torres Strait Islander peoples.

Suggested content

Key social determinants—demographic data regarding:
- population structure
- housing
- education
- employment
- income

3 Describe Aboriginal and Torres Strait Islander health in historical context and analyse the impact of colonial processes on health outcomes.

Suggested content

Institutional structures:
- constitution and 1967 referendum
- Indigenous policy structures

Legislation and policy:
- protection and segregation
- assimilation

Colonisation and trans-generational effects:
- stolen land
- stolen children
- stolen wages

Dominant discourses and their effects:
- self-determination
- mutual obligation

Aboriginal health service providers:
- community-controlled service delivery
- development of cultural models of health

4 Critically evaluate Indigenous public health policy or programs.

Suggested content

Indigenous history and health:
- contemporary resonances

Colonisation and health
- racism, its institutional manifestation and effects
- popular discourses about Indigenous people and effects

Cultural dimensions of Indigenous health
- diversity
- gender practices
- family and community structures
- community capacities and strengths

Indigenous initiatives and approaches to health:
- Indigenous comprehensive primary health care
- Aboriginal models of health and wellbeing
- self-determination and empowerment
- community control

5 Apply the principles of economic evaluation to Aboriginal and Torres Strait Islander programs with a particular focus on the allocation of resources relative to need.

Suggested content

Indigenous health economics:
- equity
- cultural safety
- economic evaluation
- resource allocation relative to need

6 Demonstrate a reflexive public health practice for Aboriginal and Torres Strait Islander health contexts.

Suggested content

Ethical Indigenous health practice:
ethics and values in Aboriginal health research

Reflexive public health practice for Indigenous contexts:
own cultural standpoint including values, perspectives, attitudes, assumptions, beliefs, behaviours

Communication with Indigenous Australians:
local protocols
cultural safety
ethical cross-cultural practice

Indigenous pedagogies

Specialist content in Indigenous public health

Specific specialisations in public health curriculum might include

Indigenous research methods:
ontology, epistemology, methodology
ethics

Indigenous health promotion:
practices
models

Indigenous social and emotional wellbeing:
colonisation and trans-generational trauma

Indigenous traditional medicine:
protocols
approaches

Teaching and learning strategies and resources

Rasmussen (2001) reports that minimal contact with Indigenous people and reliance on fleeting media impressions by medical students resulted in:

- the use of cultural stereotypes;
- difficulty distinguishing 'real' from contemporary Aboriginal culture;
- a lack of awareness about where Aboriginal people lived; and
- misconceptions about resource allocation in Aboriginal health.

She observed a highly charged emotional response from students towards learning about Aboriginal health, with responses of anger, fear, hatred, guilt, anxiety and grief so widespread that it interfered with student learning. She suggests the structure and delivery of the curriculum should enable students to engage their emotional response and its origins, stress the importance of both Aboriginal health and ethical health practice, and create opportunities for students to interact with local Aboriginal people. While it is useful to create 'fire in the belly' about the issues, it is also important to move students beyond awareness to increased motivation and capacity.

Key resources worthy of consideration for teaching Indigenous public health include:

- locally relevant learning materials (case studies, reports, research data);
- local Indigenous Elders;
- Indigenous health professionals, health workers and program managers from local Aboriginal health organisations;
- use of Indigenous community organisations as teaching sites;
- field trips to Indigenous cultural centres;
- Indigenous academics from non-health disciplines;
- success stories from Indigenous health program delivery; and
- simulations involving local Indigenous people.

Question: What other teaching and learning strategies are important for students to gain a positive learning experience within Indigenous public health?

Key characteristics of a supportive institutional context

A National Indigenous Public Health Curriculum Framework requires a statement regarding the development of a broader supportive implementation context at a whole-of-university level.

The integration of Indigenous health into the public health curriculum of a university department requires substantial forethought and planning. While Indigenous health is an urgent priority in national policy, and has been described as a 'national disgrace' (Anderson & Loff 2005), the fact that

- Indigenous Australians make up a small proportion of the population;
- many urban Australians have had little direct interaction with Indigenous people; and
- the popular press maintains a focus on stereotypes and 'bad news' stories

leaves some public health teaching academics and administrators unwilling to respond. They may not see Indigenous health as their concern, believe that it should be left to Indigenous staff to address, or lack the experience and confidence to engage actively in changing the status quo.

For these reasons, clear leadership and support from the highest levels of the faculty and the university are extremely important. University protocols that:

- acknowledge Indigenous traditional ownership of the land;
- recognise the knowledge of local Elders;
- commit the institution to reconciliation; and
- proactively support the hiring and retention of Indigenous staff

are not only important demonstrations of good intent. Such actions also set the tone for the whole institution and provide leadership and inspiration to all staff.

Question: What other suggestions can the framework include about the ways in which university administration can provide leadership and engender a supportive context for an Indigenous curriculum?

Key linkages and partnerships—faculty, departmental, Indigenous community

A national Indigenous public health curriculum framework requires a statement, similar to the following, regarding the broad organisational supports and linkages necessary for a successful Indigenous public health program: in particular, the importance of links to the local Indigenous community.

While whole-of-institution acknowledgment and engagement with Indigenous Australians is important, at the faculty and departmental level a range of resource commitments and relationships are also crucial to sustain the integration of Indigenous health within the curriculum. Where a commitment to Indigenous health already exists at the faculty level, optimally, resources are required to support:

- the employment and career development of Indigenous academic staff within key departments, such as medicine, nursing and public health;
- the employment of Indigenous student support staff; and
- the provision of scholarships and bursaries for Indigenous students.

As in any specialist research and teaching area, the establishment of an academic mass of Indigenous staff and students is immeasurably helpful. A cohort of Indigenous staff located in an identified Indigenous unit:

- provides leadership for the discipline;
- ensures a sustained commitment;
- offers cultural, professional and academic support;
- acts as a touchstone for other academics teaching in the field; and
- provides a focus for meaningful links both to other Indigenous academics within the university and to the local Indigenous community.

Relationships with the local Indigenous community are vital for the establishment of a vibrant teaching program. Within the Indigenous community there will be people who have many years of experience in Indigenous health research, health policy and programs, program development and primary health

care service delivery. Local community members also provide an important consumer perspective. Healthy partnerships with the local community offer an important foundation for Indigenous health research and teaching, as well as opportunities for meaningful contact between students and community members.

Question: What additional comment can be made about the importance of support linkages, especially those to the local Indigenous community, and associated protocols and arrangements?

Strategies to support curriculum integration

A statement and strategies about curriculum integration would be a component of the curriculum framework including some of the following evidence.

Recent curriculum research (Rasmussen 2001; Shannon 2004; Phillips & CDAMS 2004) recommends the integration of Indigenous health across the MPH curriculum. Not only does this strengthen understandings of Indigenous health but the use of case studies informs broader public health understanding and practices.

Of particular importance is avoiding the phenomenon of 'parachute' lectures in Indigenous health. An isolated one- or two-hour teaching session on Indigenous health within the whole of a postgraduate course demeans its importance, a fact that will not go unnoticed by students, and may further cultivate ignorance. Indigenous health status—its foundations in colonisation and its perceived intractability—is extremely complex. It is further complicated by the difficulty of engaging students already influenced deeply by negative media stereotypes. For this reason, it requires strategic integration across the curriculum, an approach recommended by Rasmussen (2001). Not only is the complexity of Indigenous health an essential area of knowledge for a public health practitioner in Australia, but existing work in Indigenous health also provides a plethora of rich case studies and examples that bear upon public health practice in a broad range of contexts.

Question: Within which public health subjects should the core competencies in Indigenous public health be included?

Student recruitment and retention—Indigenous/non-Indigenous

Guidelines on the effective recruitment and retention of both Indigenous and non-Indigenous students are important within a national Indigenous public health curriculum framework.

A key focus of Indigenous health workforce strategy is Indigenous recruitment and strengthening the capacity and skills of the existing Indigenous public health workforce. The 2006 National Indigenous Public Health Curriculum Workshop in Sydney examined recruitment and retention in public health programs. Participants identified a range of key strategies concerning course promotion and the recruitment of Indigenous students.

They included suggestions that *course promotion strategies* should:

- explain the relevance of the MPH for improving health;
- highlight career pathways and employment prospects in public health;
- present testimonials from existing and previous Indigenous MPH students;
- disseminate stories of successes in Indigenous public health; and
- promote the appointment of an Indigenous community patron.

Participants also recognised that strengthening the *relevance of the course content* was necessary to improve recruitment, and that this could be done by:

- assigning project topics identified as relevant by the students' community;
- providing high-level support for online units; and
- acknowledging oral history as a research methodology.

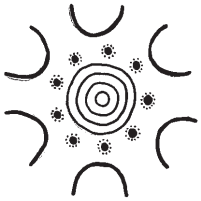
They further suggested a range of *improvements to recruitment practices* including:

- greater linkages between Aboriginal community health agencies and universities;
- a specific focus on existing undergraduate students;
- the employment of Indigenous recruitment officers to visit local organisations;
- the development of user-friendly advertising material;
- an explicit recognition of work experience in Aboriginal health; and
- a specific promotion of post-career pathways for Aboriginal sportspeople.

According to Shannon (2004), appropriate marketing strategies, enhancing school–university career pathways, articulation with the Vocational Education and Training (VET) sector and partnerships with Indigenous community organisations are key considerations for recruiting Indigenous students. She suggests it is important that 'special entry' provisions for Indigenous students are complemented by high levels of student mentoring, tutoring and support to reduce attrition rates. In her terms, this includes personal, financial, cultural and social support to overcome the difficulties students face. Shannon (2004) also notes that university access for Indigenous students remains problematic in remote areas because Indigenous learning styles are not catered for by traditional distance learning approaches.

Questions: What additional strategies for the recruitment of both Indigenous and non-Indigenous students could be included in the framework?

What innovative teaching and learning strategies could be provided as exemplars?



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